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Upcoming Events

- **Labor Day (state offices closed)**
September 6
- **IPAC/INVDRS (virtual)**
September 17
- **ISTCC/ITN (virtual)**
September 20
- **Columbus Day (state offices closed)**
October 11



ISTCC Summary

The Indiana State Trauma Care Committee met virtually on Friday, Aug. 20. The Division of Trauma and Injury Prevention and districts provided their respective updates to the group.

The meeting's agenda focused on the trauma summer study committee update, IDOH's State Health Improvement Plan (SHIP), subcommittee updates, the National Pediatric Readiness Project (NPRP) and an EMS update from the Indiana Department of Homeland Security.

Andy VanZee with the Indiana Hospital Association provided a recap of the trauma summer study committee testimony given by representatives from the ISTCC, EMS and others. This testimony helped provide a better picture to the legislature on the current state of Indiana's trauma system and existing gaps and challenges. The committee was interested in additional information on what next steps or opportunities exist given that next year's session is not a budget year and what could be considered as short-term actions steps. Andy asked the group to think of ideas for the legislature to consider. Dr. Welsh suggested focusing on seeing how we can help areas that can't meet the needs, particularly in Northwest Indiana that has only one trauma center, and how to help support EMS and rehabilitation. Andy was looking for recommendations within the next two weeks as the committee will be writing its final report.

Dr. Lewis Jacobson provided the designation subcommittee update on Franciscan Health Indianapolis' one-year review. The subcommittee recommended to extend their "in the process" to match the ACS extension with an anticipated ACS verification by May 2023. Dr. Erik Streib provided the Peyton Manning Children's Hospital at Ascension St. Vincent "in the process" application review update, which the committee approved and will now move to the EMS Commission for final approval.

Dr. Elizabeth Weinstein presented an update on the NPRP and the importance of taking the assessment. Hospitals that participate in this assessment receive their readiness score, the average readiness score of emergency departments similar to theirs, the average score of all emergency departments regardless of size or volume and a gap report to help hospitals focus on areas of improvement. She also provided an update to the county response rate and encouraged more hospitals to take the survey.

Finally, Dr. Michael Kaufmann provided the EMS update recapping his presentation from the trauma summer study committee testimony.

Trauma Summer Study Summary

Earlier this year, House Bill 1259 was introduced during the legislative session. It established the interim study committee to explore the following:

- Indiana's current trauma system including pre-hospital, hospital and rehabilitation care;
- American College of Surgeons' recommendations for trauma systems;
- How Indiana should formalize a state trauma care system; and
- EMS and funding mechanisms that would be necessary to support a trauma system.

On August 4, Indiana Department of Health Commissioner Dr. Kris Box, along with Dr. Scott Thomas (Trauma Medical Director at Memorial Hospital of South Bend/Chief of Trauma Services for Beacon Health System), Dr. Peter Jenkins (trauma surgeon/health researcher at IU Health Methodist), Dr. Michael Kaufmann (EMS Medical Director at Indiana Department of Homeland Security), Dr. Elizabeth Weinstein (Director of the Indiana Emergency Medical Services for Children) and others, testified at the Interim Study Committee on Public Health, Behavioral Health and Human Services. Each presented on different facets of the trauma system and the need for providing a high-level continuum of care for a patient if they are involved in a traumatic event whether a fall or motor vehicle collision. Dr. Thomas spoke to the need of getting patients to the right place at the right time, while Dr. Jenkins spoke about the research he has been working on with non-trauma hospitals. Dr. Kaufmann discussed EMS and the struggles communities face with having only one EMS provider or none, which increases the risk associated with suffering a traumatic event in our rural communities. Dr. Weinstein presented on trauma and children and the appropriate level of care.

Currently, recommendations are being formulated by multiple groups to then present to the interim study committee. The committee will have a final report later this year.

Division of Trauma and Injury Prevention's Grant Updates

Overdose Data to Action:

The Drug Overdose Prevention team continues to work diligently on the CDC Overdose Data to Action (OD2A) grant that was awarded in 2020. One major part of this grant is the Indiana Communities Advancing Recovery Efforts Extension for Community Healthcare Outcomes (IN CAREs ECHO). The ECHO model is an innovative framework that uses videoconferencing technology to increase the knowledge, skills and performance of community stakeholders, particularly those located in rural and underserved areas. The IN CAREs ECHO connects a group of faculty experts (referred to as the "Hub") who have experience in reducing overdose deaths with a set of community-based teams (referred to as "Spokes") made up of leaders within each community. The Spoke teams are committed to working together to implement strategies and coordinate efforts to reduce substance misuse, reduce morbidity and mortality associated with substance use disorder and increase linkage to care for those with SUD. Currently, the Drug Overdose Prevention team is reviewing applicants for round two of the IN CAREs ECHO project. It is anticipated that awardees will be notified by early September 2021.

Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP):

Substance use disorder (SUD) is a complex problem that requires a comprehensive and evidence-based public health approach. One component of a comprehensive public health approach to addressing SUD is the safe disposal of unused prescription drugs. Safely disposing of unused prescription drugs, especially opioid pain relievers, reduces the risk of nonmedical use that might lead to SUD, including heroin use. The Indiana Department of Health plans to take a multipronged approach to drug disposal, utilizing both short-term and long-term solutions. Law enforcement partners have identified significant challenges with drug disposal, both from the public and with the drug evidence collected and seized from criminal cases. This combined with the stigma of drug disposal at law enforcement posts further highlights the needs of drug disposal efforts to occur parallel to direct law enforcement efforts.

IDOH received funding in April 2021 to overcome some of these barriers by the Institute of Intergovernmental Research on behalf of the U.S. Department of Justice, Bureau of Justice Assistance. IDOH will use the \$100,000 award to purchase drug mail-back envelopes and will work to distribute these envelopes to first responders/EMS, local health departments (especially those with syringe service programs and harm reduction supplies) and the IN CAREs ECHO counties funded to do substance use prevention work under the CDC OD2A grant. IDOH will also partner with the 525 Foundation to place 10 drug disposal kiosks at locations identified by the organization. The organization currently focuses its effort in northern Indiana, but these funds will allow the organization to expand the scope of its work to other areas across the state.

Naloxone Grants:

With the help of a variety of funding sources, the IDOH naloxone distribution program is working to increase the amount of naloxone available to local health departments and first responder organizations. The local health department (LHD) naloxone program is funded through the Indiana Division of Mental Health and Addiction (DMHA), under the State Opioid Response grant. The naloxone distribution program is in its seventh round and is available to all 92 counties in the state. The rural first responder naloxone grant is funded through the Substance Abuse and Mental Health Services Administration, under the First Responders-Comprehensive Addiction and Recovery Act. This program is in its fourth round, and only rural counties in Indiana are eligible. Applications are accepted on a rolling basis throughout the year for both programs.

As of Aug. 6, 47 LHDs have been awarded for the program. A total of 31,269 doses of naloxone will be distributed across the LHDs. Additional naloxone can be requested from grantees as long as funding is available.

Additionally, as of Aug. 6, 89 rural first responder organizations have been awarded for the program. These agencies represent 37 counties and will receive a total of 3,669 naloxone doses. The organizations that have applied include one coroner's office, three EMS organizations, four schools, six court/corrections services, 11 probation departments, 12 sheriff's departments, 18 police departments and 19 fire departments. For more information on naloxone, please contact Naloxone Program Manager Cassidy McNamee (casmcnee@isdh.in.gov).

Core State Injury Prevention Program:

The DTIP partnered with the Division of Fatality Review and Prevention (FRP) and applied for CDC's Core State Injury Prevention Program (CORE SIPP) grant in mid-April. Funds would have allowed an increase in Indiana's capacity to surveil data, trends, risk and protective factors for priority areas of focus, including adverse childhood experiences (ACEs), traumatic brain injury (TBI), transportation safety, falls, and ACEs-related poor health outcomes associated with suicide, child maltreatment and overdose. Unfortunately, the division was not awarded this grant opportunity.

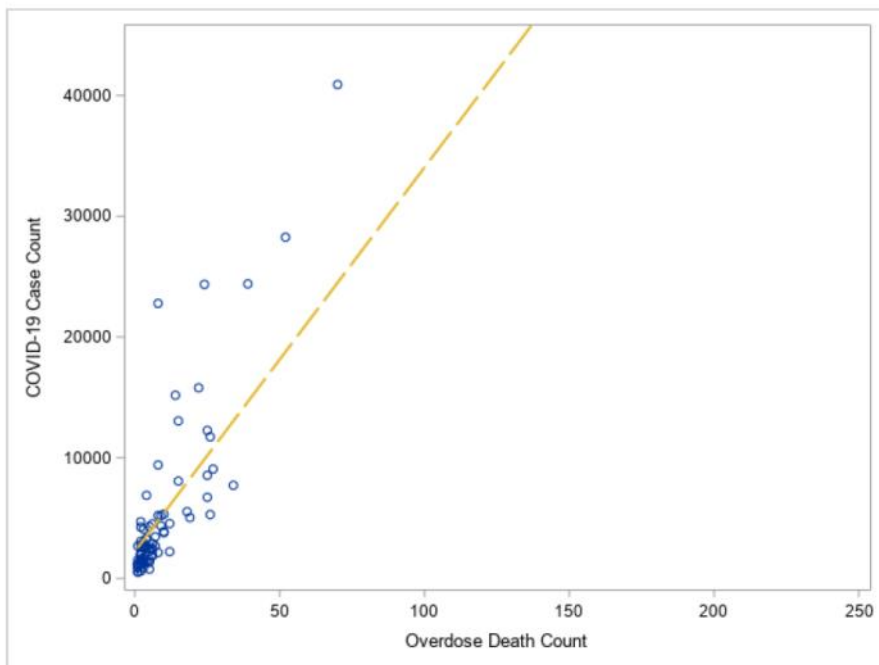
Administration for Community Living—Traumatic Brain Injury:

We are happy to announce that the division was re-awarded this five-year grant in August 2021. The funds of this grant will be used to improve screening to identify individuals with TBI, build a trained TBI workforce by providing professional training, provide information about TBI to families and referrals to appropriate service providers and facilitate access to needed services through resource facilitation.

COVID-19 and Mental Health Summary

The Division of Trauma and Injury Prevention, along with the Data Analysis Team, created a comprehensive document seeking changes in mental health pre- and post-pandemic. Data from hospital discharge outpatient and inpatient emergency services showed that 3 in 4 counties reported a decrease in emergency department (ED) visits for overdoses from 2019 to 2020. These comparisons are further broken down into rural and urban classifications. While there was a decrease in visits to the ED, that meant a 62% increase in overdose deaths and a 40% increase in suicide deaths. Furthermore, comparisons between the number of COVID-19 cases in a county to the overdose death count were analyzed.

IS THERE A CORRELATION BETWEEN COVID-19 CASE COUNTS AND OVERDOSE DEATHS?



This graph represents COVID-19 and overdose death counts from January to June 2020. With an increase in COVID-19 cases for certain counties, there is also an increase in overdose deaths, thus indicating a positive correlation. It is important to note that there is no data to support that high COVID-19 case counts caused the increase in overdose deaths.

The full report can be viewed on the DTIP's website beginning September 20: <https://www.in.gov/health/trauma-system/injury-prevention/violence-prevention/>

Local Health Department Naloxone Summary

To increase the amount of naloxone available in communities across Indiana, the Indiana Department of Health (IDOH) has used state and federal funds to provide naloxone to local health departments (LHDs). IDOH has generated several grant opportunities for its naloxone distribution program, in which LHDs were awarded and responsible for distributing the free doses and providing naloxone training within their communities. As of July 2021, six rounds of the distribution program have been completed, with a seventh round in progress. In its first round, the program distributed 3,473 doses of naloxone to 23 LHD participants. Since then, the program has distributed a total of 98,239 doses of naloxone to LHDs, with round 6 having the largest number of participants at 54 and round 7 having the largest number of doses distributed at 27,644 (and still growing). The map below shows each county that has been involved in the program, color-coded by the number of rounds in which they have been involved. Since 2018, approximately \$4.2 million has been spent for the LHDs. Each year the amount of money spent on doses increases as the need for doses also increases. Approximately \$860,000 was spent on kits in the entirety of the 2018 calendar year, while approximately \$1.4 million has been spent in only half of the 2021 calendar year.



Updated Report—The Drug Overdose Epidemic in Indiana: Behind the Numbers

Key Points:



Drug overdose deaths, more specifically opioid-involved deaths, have continued to rise in Indiana and impact people of all races, sexes, ages and locations.



The drug epidemic, driven mainly by opioid-involved deaths, has evolved over the last decade in three distinct waves: an increase in prescription opioid-involved deaths, a spike in heroin-involved deaths and a surge in synthetic opioid-involved deaths primarily consisting of illicitly manufactured fentanyl (IMF).



Opioids continue to be the most frequently found substance in overdose deaths. Public health officials, law enforcement and other stakeholders should also be concerned about polysubstance use and the rise in deaths involving non-opioid substances, such as cocaine, benzodiazepines and amphetamines.

The state of Indiana is comprised of 92 counties, and the Indiana Department of Health's Drug Overdose Prevention (DOP) team is primarily responsible for conducting surveillance on nonfatal and fatal overdoses, monitoring disease trends, providing early detection of outbreaks and implementing evidence-based practices to effectively manage limited resources. Additionally, the DOP Team provides technical assistance to local health departments and local organizations across the state that are focused on overdose prevention efforts.

While this report focuses on fatal overdoses, it is important to note that these data underscore the larger issue of the driver behind the drug and opioid epidemic—substance use disorder (SUD). Communities are encouraged to recognize SUD as a disease and understand that treatment is available and that recovery from the disease is possible. SUD impacts every county, and to address this problem, the risk and protective factors associated with this disease must be understood.

This report was created to disseminate useful and pertinent data to Indiana residents and community leaders to promote dialogue about overdose deaths and SUD disease prevention in their communities to improve the health of all Hoosiers. For the full report, click [here](#).

Suicide Prevention Awareness

While suicide awareness is important year-round, individuals and organizations around the United States dedicate the month of September to raising awareness of this topic. September is National Suicide Prevention Month. The second week of the month (9/5-9/11) specifically is Suicide Prevention Week, which is the week surrounding Suicide Prevention Day (9/10).

Why is this month so important?

Suicide has a stigma and no one wants to talk about it, but it is something that needs to be discussed. This month is about working to break the stigma around suicide. One of the best ways to raise awareness is to talk about it more and provide education. There are also some very alarming statistics regarding the importance of suicide awareness:

- Suicide is the 10th leading cause of death in the U.S., and the 2nd leading cause of death for ages 10-34.
- In 2019, the suicide rate among males was 3.7 times higher than among females.
- 46% of people who die by suicide had a diagnosed mental health condition, but research shows that 90% experienced symptoms.

What can you do during the month of September to raise awareness?

- Educate yourself and others.
- Share resources and statistics on your social media accounts.
- Let your loved ones know you are there for them.
- Remember those affected by suicide.

Resources:

- If you or someone you know is in an emergency, call 911 immediately.
- If you are in a crisis or are experiencing difficult or suicidal thoughts, call the National Suicide Hotline at 1-800-273-TALK (8255) or text HELLO to 741741; both services are available 24/7.



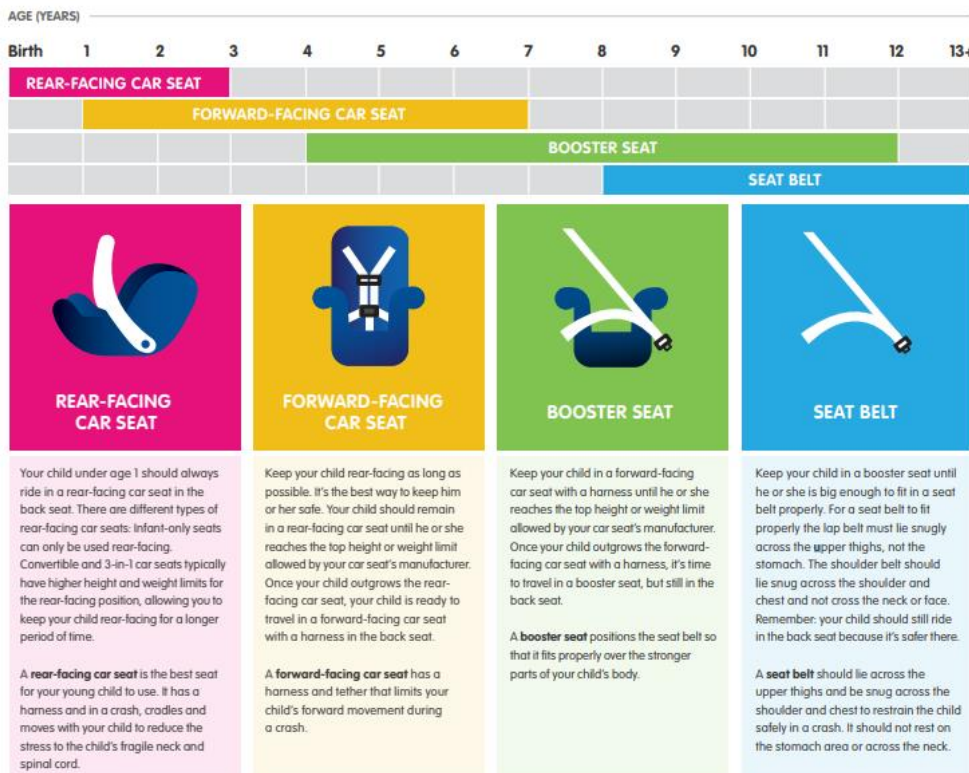
Sources: <https://www.nimh.nih.gov/get-involved/education-awareness/shareable-resources-on-suicide-prevention> ; <https://www.nami.org/Get-Involved/Awareness-Events/Suicide-Prevention-Awareness-Month> ; <https://suicidepreventionlifeline.org/media-resources/>

Child Passenger Safety Week & National Seat Check Saturday

Child Passenger Safety Week is Sept. 19-25. The purpose of this week is to raise awareness of the dangers of not using the proper car seat or not using a seatbelt and how you can help keep your children safe. National Seat Check Saturday is on Sept. 25, and this day encourages all adults with children to make sure their car seats are the correct size and are installed correctly. In the United States, more than 600 children die and 97,000 children are injured every year from lack of car seat use, lack of seat belt use or improper car seat use. About 46% of car or booster seats are used incorrectly, which significantly reduces their effectiveness. These facts are harsh reminders that we need to keep our children safe by properly using the right car seats. Here are some facts and tips about car seats:

- Car seats must be used for children ages 12 and under and must always go in the back seat.
- There are four types of car seats: rear-facing car seat (ages 3 and under), forward-facing car seat (ages 1-7), booster seat (ages 4-12), and seat belt (ages 8+).
- Keep your child in a rear-facing car seat as long as possible to further prevent injury.
- Car seats expire! Make sure to check the expiration date of your car seat so it is still safe.
- It's important to register your car seat so you know if there are recalls or safety notices and your child can stay safe.
- Children should be taller than 4 feet 9 inches to only use a seat belt when riding in a car.
- Often times, you can get or exchange a car seat at your local fire department for free. All you have to do is call ahead to make sure they have the proper size

Seat Recommendations: Choosing the Right Seat



Reduce the risk of death and injury by properly securing your child. To maximize safety, keep your child in the car seat for as long as possible.

Motor vehicle crashes are a **leading cause of death of children**.

In crashes from 2015-2019, **3,321 children** (under 13 in cars, SUVs, vans, and pickups) were killed. An estimated **717,000 children** under 13 were injured.



In 2019, **608 children** (under 13 in cars, SUVs, vans, and pickups) were killed in crashes.



Car seats reduce the risk of infants (under 1 year old) being killed in cars by



Car seats reduce the risk of toddlers (1 to 4 years old) being killed in cars by



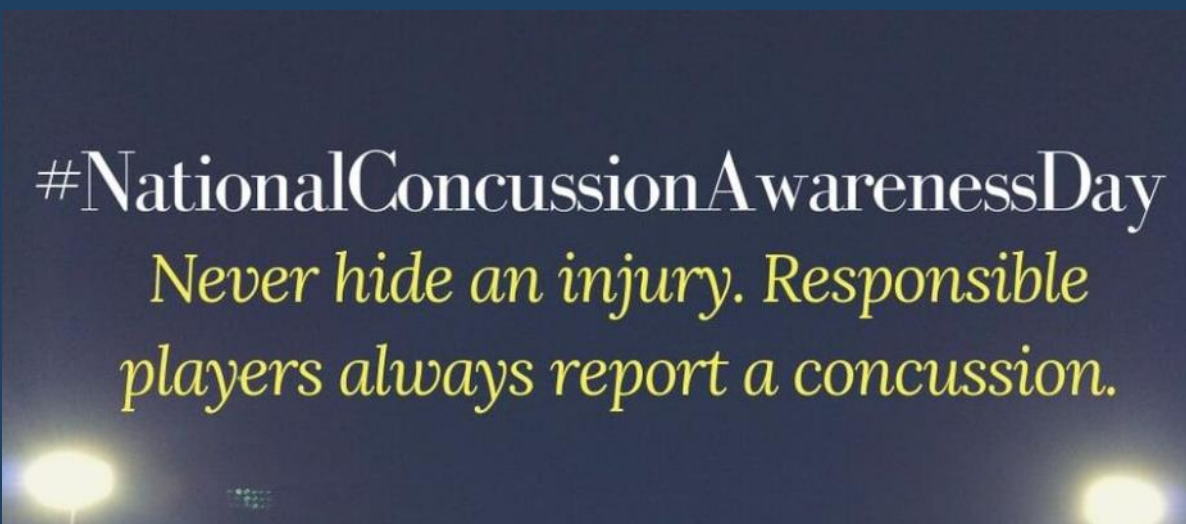
National Concussion Awareness Day

National Concussion Awareness Day will be on Sept. 17 with a mission to “increase concussion awareness nationally, raise funds for brain injury charitable organizations and show support for those suffering through social media, community events and press coverage.” Additionally, the vision of this national awareness day is that “those suffering the effects of mild traumatic brain injuries feel supported by their community and feel empowered to share their story, connect with one another and act to raise global consciousness of the concussion epidemic.” A concussion is defined by the CDC as a “type of traumatic brain injury—or TBI—caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.” This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. There are reportedly between 1.7 and 3 million sports- and recreation-related concussions each year, with 5 in 10 going unreported or undetected.

This will be the sixth year Concussion Awareness Day is recognized after being founded in 2016 by Brooke Mills who suffered a concussion her freshmen year of high school. This will be the second year that Concussion Awareness Day is nationally recognized as a bipartisan resolution was introduced in the U.S. Senate in September 2019 marking the third Friday of each September National Concussion Awareness Day.

How can you get involved?

There are multiple ways to get involved according to the National Concussion Awareness Day [website](#). You can share your story, create educational opportunities, host your own fundraiser to benefit the Brain Injury Association of America (BIAA), take the BIAA TeachAids Crash Course or Join the BIAA 40th Anniversary Challenge Fundraiser. Informational sheets, classroom tips, press releases and more are also available on the website to share or use to aid any involvement efforts.



Sources: <http://nationalconcussionawarenessday.com/index.html#:~:text=National%20Concussion%20Awareness%20Day%20%C2%AE%20Friday%2C%20September%2017th%2C%202021,-National%20Concussion%20Awareness> ;<https://www.biausa.org/public-affairs/media/concussion-awareness-infographics> ;https://www.cdc.gov/headsup/basics/concussion_what_is.html ;<https://www.upmc.com/services/sports-medicine/services/concussion/about/facts-statistics>

Falls Prevention Awareness Day

Falls Prevention Awareness Day is Sept. 22. Falls are the leading cause of injury-related emergency department visits and can be detrimental to one's overall health. This day of recognition was chosen to be in the fall because that's when there is an uptick in the number of people falling. More than 3 million older adults are treated for fall-related injuries each year, and falls are the most common cause of traumatic brain injuries. Falls can be caused by lower body weakness, difficulties with balance, medicinal side effects, vision issues, foot pain or improper footwear usage.

While you may not be individually affected by falling, there are many elderly people who are. You can observe this day by spending time with the elderly, participating in educational activities and becoming an activist for the elderly. Falls can be prevented by wearing the correct shoes, using handrails when available, staying physically active and talking to your doctor.



FallsFree CheckUp

YOU CAN PREVENT A FALL

**Know your risk of falls
and take action!**

Explore our **#FallsFree
CheckUp** tool today.

 facebook.com/NCOAging



Domestic Violence Awareness Month

National Domestic Violence Awareness Month is recognized each October through educational events, community gatherings and support groups. In 2018, the Domestic Violence Awareness Project (DVAP) developed a unified theme: #1Thing. The purpose of this campaign is to remind everyone that ending domestic violence starts with just one small action, whether that is seeking help or sharing resources. The best ways to observe National Domestic Violence Awareness Month are by participating in an event, taking the community pledge or posting on social media. Resources and events are listed on the DVAP [website](#). They also have [public awareness campaigns](#) that can be used to educate community members about the prevalence of abuse, encourage people to take action to promote social change and alert survivors to the options and resources that are available to them.



World Mental Health Day

Each year World Mental Health Day is recognized on Oct. 10. This year the theme, which is chosen by the World Federation for Mental Health (WFMH), is "Mental Health in an Unequal World". The theme was chosen to highlight that access to mental health services are not equal. In fact, between 75% and 95% of people with mental health disorders in low- and middle-income countries are unable to access mental health services at all.

The first World Mental Health Day was Oct. 10, 1992. It was created after WFMH realized that they needed to advocate for mental health. Since this day, the average citizen is much more knowledgeable about mental health.

How can you observe World Mental Health Day this year?

- Practice self-care.
- Educate yourself with research.
- Take time to check in on those you know are struggling with their mental health.
- Encourage equality between physical and mental illness.

Resources:

- CDC Mental Health Resources: <https://www.cdc.gov/mentalhealth/tools-resources/index.htm>
- Indiana Resources: <https://www.namiindiana.org/resources>
- Indiana Division of Mental Health and Addiction home page: <https://www.in.gov/fssa/dmha/>

Source: <https://wfmh.global/2021-world-mental-health-global-awareness-campaign-world-mental-health-day-theme/>

Global Handwashing Day

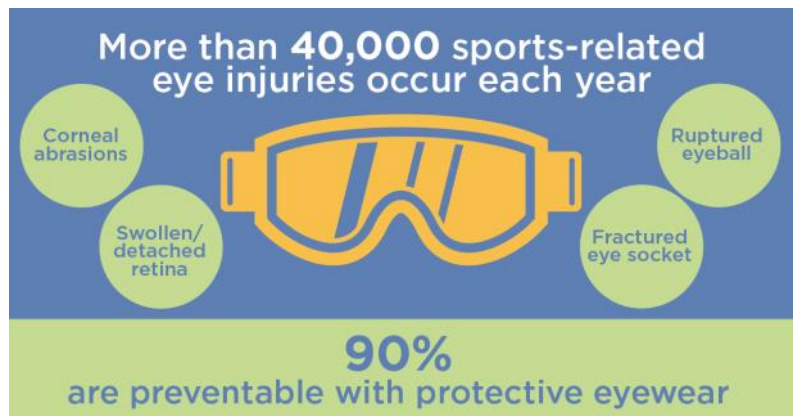
Oct. 15 is Global Handwashing Day! Throughout the past year and a half, we have learned the importance of washing your hands and stopping the spread of germs, but it's never a bad thing to go over the proper procedure again. First, handwashing prevents diseases that are transmitted through feces, breathing and bodily fluids, such as hepatitis A, strep throat, the common cold and typhoid. The best way to wash your hands is by using warm water and antibacterial soap. Wet your hands, rub them together with soap for at least 20 seconds (make sure to get every part of your hand), rinse and dry with a clean towel. All children should be taught this procedure and observed in the process. The best times to wash your hands are after using the restroom, after being outside, before and after encountering food, after blowing your nose and after touching animals. For more information about Global Handwashing Day, visit <https://globalhandwashing.org/global-handwashing-day/>.



National Eye Injury Prevention Month

October may be the month of eye-catching colors in nature, but it is also Eye Injury Prevention Month, so be sure to protect your eyes so you are always able to take in the beautiful autumn scenes. There are many ways to get eye injuries, ranging from:

- Sun exposure
- Sports-related accidents
- Chemical exposure
- Foreign objects from work environments
- Makeup and costume contacts



How do you prevent eye injuries?

- Wear eye protection when necessary.
- Always wash hands before putting in contacts.
- Keep makeup brushes clean.
- Do not rub eyes if you believe there is something in them.
- Get an annual eye exam.

Eye Injury Facts

- 7% of eye injuries occur at home.
- An estimated 2.4 million eye injuries occur in the U.S. every year.
- The most common eye injury is caused by a foreign body in the eye.
- 90% of eye injuries can be prevented with the use of eye wear.

Tips to Ease Eye Strain

Sit at arm's length, or 25 inches, from the computer screen.

Follow the "20-20-20" rule.

Adjust your room lighting and increase the contrast on your computer.

Use artificial tears to refresh your eyes when they feel dry.

Learn more at aao.org/eyesmart

The infographic is set against a light orange background. It features four distinct icons: a person sitting at a desk with a laptop, a clock face with a flower, a desk lamp, and a bottle of eye drops. Each icon is accompanied by a text tip. The tips are: 'Sit at arm's length, or 25 inches, from the computer screen.', 'Follow the "20-20-20" rule.', 'Adjust your room lighting and increase the contrast on your computer.', and 'Use artificial tears to refresh your eyes when they feel dry.' At the bottom, there is a dark orange banner with the text 'Learn more at aao.org/eyesmart' in white.

Source: <https://prestigeer.org/2021/07/07/eye-injury-prevention-month/> ; <https://eye.keckmedicine.org/october-eye-injury-prevention-month/>

September 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5 Suicide Prevention Week	6 Labor day Suicide Prevention Week	7 Suicide Prevention Week	8 Suicide Prevention Week	9 Suicide Prevention Week	10 Suicide Prevention Week World Suicide Prevention Day	11 Suicide Prevention Week
12	13	14	15	16	17 IPAC/INVDRS National Concussion Awareness Day	18
19 Child Passenger Safety Week	20 Child Passenger Safety Week	21 Child Passenger Safety Week	22 Falls prevention Awareness Day Child Passenger Safety Week	23 Child Passenger Safety Week	24 Child Passenger Safety Week	25 National Seat check Saturday Child Passenger Safety Week
26	27	28	29	30		
	National Suicide Prevention	National Recovery Month	National Preparedness Month	Infant Mortality Awareness Month	Healthy Aging Month	National Childhood Obesity Awareness Month

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3 Fire Prevention Week	4 Fire Prevention Week	5 Fire Prevention Week	6 Fire Prevention Week	7 Fire Prevention Week	8 Fire Prevention Week	9 Fire Prevention Week
10 World Mental Health Day	11 Columbus Day	12	13	14	15 Global Handwashing Day	16
17 Teen Driver Safety Week	18 Teen Driver Safety Week	19 Teen Driver Safety Week	20 Teen Driver Safety Week	21 Teen Driver Safety Week	22 Teen Driver Safety Week	23 Teen Driver Safety Week
24 Red Ribbon Week	25 Red Ribbon Week	26 Red Ribbon Week	27 Red Ribbon Week	28 Red Ribbon Week	29 Red Ribbon Week	30 Red Ribbon Week
31 Red Ribbon Week Halloween Impaired Driving Prevention		National Domestic Violence Awareness Month	Eye Injury Prevention Month	National Substance Abuse Prevention Month	National Crime Prevention Month	SIDS Awareness Month

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